

## **RPM Plus Participation in the Joint Government of Uganda and United States Government PMI Year 2 Planning, July 31 – August 3, 2006: Trip Report**

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## **About RPM Plus**

RPM Plus works in more than 20 developing and transitional countries to provide technical assistance to strengthen drug and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

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## **ACRONYMS**

ACT	Artemisinin-based Combination Therapies
AED	Academy for Educational Development
AFFORD	USAID-funded bilateral
AFRO	World Health Organization Africa Regional Office
AIDS	Acquired Immune Deficiency Syndrome
CCP	Center for Communications Programs
CDC	US Centers for Disease Control
CPA	Country Partnerships Advisor
DRA	Drug Regulatory Authority
HCP	Health Communication Partnership
HIV	Human Immunodeficiency Virus
IPT	Intermittent Preventive Treatment
IRS	Indoor Residual Spraying
ITN	Insecticide Treated Nets
JHU	John Hopkins University
JSI	John Snow Incorporated
M&E	Monitoring and Evaluation
MAC	Malaria Action Coalition
MEMS	Monitoring and Evaluation Management Systems
MIP	Malaria in Pregnancy
MIS	Management Information Systems
MMSS	Malaria Medicines Supply Service
MOH	Ministry of Health
MSH	Management Sciences for Health
NMCP	National Malaria Control Program
PMI	Presidents Malaria Initiative
RBM	Roll Back Malaria
RPM Plus	Rational Pharmaceutical Management Plus
RTI	Research Triangle Institute
SMO	Senior Medical Officer
TA	Technical Assistance
GFATM	Global Fund to Fight AIDS, Tuberculosis & Malaria
TOR	Terms of Reference
UPHOLD	Uganda Program for Human and Holistic Development
USAID	United States Agency for International Development
USP	United States Pharmacopoeia
WHO	World Health Organization

## **BACKGROUND**

Management Sciences for Health's (MSH) Rational Pharmaceutical Management Plus (RPM Plus) Program through funding from the United States Agency for International Development (USAID) works to improve pharmaceutical management for malaria in countries in Africa by identifying and addressing the causes of poor access, ineffective supply, and inappropriate use of antimalarials. RPM Plus has developed and applied tools to assess pharmaceutical management for malaria and has worked to provide technical assistance to countries by working with policymakers, researchers, managers, and providers in the public and private sectors to implement new and proven interventions. Significant among these interventions are Artemisinin-based Combination Therapies.

RPM Plus is an Implementing Partner under USAID Uganda's President's Malaria Initiative (PMI) Year One Country Action Plan. Within the FY06 scope of work, RPM Plus is supporting the strengthening of distribution systems for Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM) nets to children under 5, pregnant women, and people already experiencing weakened health, such as HIV/AIDS patients. In addition, RPM Plus is providing support to overcome the challenges in the pharmaceutical management system necessary to roll-out ACTs under the direction of the National Malaria Control Program (NMCP). Whilst providing technical assistance to the roll-out process, additional RPM Plus support is aimed at ensuring the rational use of the selected expensive national first-line treatments. Implementation is being achieved under the guidance of a regional technical adviser based in Uganda with support from RPM Plus regional office and headquarters.

### **Purpose of Trip**

Gladys Tetteh of the RPM Plus regional office in Nairobi, Kenya traveled to Kampala, Uganda from July 31 through August 3, 2006 to provide support to planning for the development of the Year 2 PMI Country Operational Plan. Individual meetings were to be held between the USG team, USAID, the Ministry of Health (MOH) and PMI implementing partners (IPs) to discuss Year 2 activity proposals. In addition, a stakeholders meeting was planned for USAID, the MOH and IPs to collectively discuss activities and timelines towards achieving a complete Country Year 2 Workplan by September 30, 2006. Gladys Tetteh and Saul Kidde, RPM Plus Technical Adviser, Uganda would represent RPM Plus in all scheduled meetings.

### **Scope of Work**

The scope of work for Gladys Tetteh and Saul Kidde was to:

- Attend the PMI Planning Meeting with National Medical Stores and Joint Medical Stores
- Meet with the PMI Planning Team to discuss RPM Plus activities
- Attend the PMI Stakeholders Meeting
- Meet with the Program Manager, National Malaria Control Program to jointly outline proposed RPM Plus activities under PMI

- Meet individually with Ministry of Health stakeholders constituting the Task Force on Drug Procurement
- Meet with partner stakeholders working on implementation of the Ugandan ITN strategy
- Provide an arrival briefing and /or departure debriefing to USAID upon request.

## **ACTIVITIES**

### **Attend the PMI Planning Meeting with National Medical Stores and Joint Medical Stores**

Gladys Tetteh and Saul Kidde represented RPM Plus at a USAID, NMS and JMS meeting on Tuesday August 1, 2006 at the USAID offices in Kampala. The meeting was chaired by Dr. Jessica Kafuko of USAID Uganda. Dr. Gunawardena Dissanayake, the newly appointed PMI Uganda focal point was introduced. The PMI planning team as well as other partners present was as follows:

#### ***PMI Planning Team***

Fred Cato	NMCP, MOH
Gunawardena Dissanayake	USAID/Uganda – PMI focal point
Jessica Kafuko	USAID/Uganda
Annie Kabogozza	USAID/Uganda
Betty Nabirumbi	USAID/Uganda
Laura Harley	USAID Washington
Ray Beach	PMI/CDC Atlanta
Linda Quick	PMI/CDC Uganda
John Chimumbwa	UNICEF
Josephine Namboze	WHO

#### ***Implementing Partners***

Paul Tenywa	NMS
Donna Asiimwe	JMS
Gladys Tetteh	RPM Plus
Saul Kidde	RPM Plus

An update of the status of artemisinin-based combination therapy (ACT) distribution was provided by the NMS. The challenge at hand was that although ACTs are on high demand in the districts, the NMS distribution plan is not moving the products to the districts fast enough. NMS summarized the progress made on ACT distribution and explained that due to poor communication between the NMCP, MOH and themselves, there is a perceived inadequacy of ACT doses and as such the NMS is reluctant to provide districts with all the ACT doses requested.

WHO provided an update on progress made regarding the procurement of GF-funded insecticide treated nets (ITNs). A team of stakeholders including the MOH, WHO, DELIVER and RPM Plus is currently working to develop a plan for the distribution of 1.8 million ITNs.

With regards to Year 2 PMI planning for ACTs and ITNs, the senior medical officer for NMCP/MOH requested that PMI provide funding to bridge the gap for ACTs as well as provide

funding to NMCP to enable them play a supervisory role in all PMI activities of the IPs. It was agreed that the PMI planning team would look into this request.

### **RPM Plus Meeting with the PMI Planning Team to discuss activities**

A meeting of USAID and the PMI planning team was held individually with all IPs. The meeting with RPM Plus was held on Tuesday August 1, 2006 at RPM Plus Uganda offices in Kololo, Kampala. The meeting was attended by the PMI planning team (mentioned above) plus Mr. Michael Okia, senior entomologist, MOH. Steve Wilbur, DELIVER Program manager was invited by USAID to attend the meeting.

RPM Plus provided a presentation on the progress of activity implementation. Strategic discussions were held by stakeholders on how to improve the distribution of ACTs. It was agreed that RPM Plus would intensify the implementation of its support to the NMS. In addition, RPM Plus would immediately operationalize its plan for support to the establishment of a Malaria Supply Chain Management Committee within the MOH's case management working group. This sub-committee would discuss, propose and implement interventions to overcome all known challenges to efficient ACT quantification, procurement, distribution, inventory management, tracking and use.

### **Represent RPM Plus at the Joint Government of Uganda and United States Government PMI Stakeholder Meeting**

Gladys Tetteh and Saul Kidde attended a half-day PMI stakeholders meeting at the Kabira Country Club in Kampala on August 2, 2006.

The overall objective of the meeting was for the PMI planning team and PMI implementing partners to deliberate on areas to focus on during Year 2. USAID was represented by the PMI Coordinator, Dr. Gunawardena Dissanayake and Dr. Jessica Kafuko as well as other USAID staff. The meeting was attended by representatives from the Ministry of Health, GOU namely office of the Director General, National Malaria Control Program (NMCP), National Medical Stores (NMS), Joint Medical Stores (JMS), Drug Regulatory Authority (DRA), and Health Communications Unit. PMI Implementing partners (IPs) present at the meeting included JSI/UPHOLD, JHU/CCP-AFFORD, JHU/CCP-HCP, WHO/AFRO, WHO/ICP, MSH/RPM Plus, USP/DQI, RTI/IVM, MEMS, CDC, Malaria Consortium and NetMark.

An overview was provided of country PMI goals, targets, implementation principles, program intervention areas and IP roles. Overall Country PMI progress was presented and the areas of focus for PMI Year 2 implementation were shared with the Government of Uganda and PMI IPs. Monitoring, Evaluation & Reporting arrangements and expectations were shared.

### **Meet with the Program Manager, National Malaria Control Program to jointly outline proposed RPM Plus activities under PMI**

RPM Plus had an informal meeting with the Program Manager, NMCP, Dr. John Rwakimari, to provide him with an update of the progress of ongoing activities.



It was agreed that the general strategic direction for RPM Plus Year 2 PMI activities in Uganda would be to (1) build on Year 1 activities to ensure increased access of Ugandans to ITNs and ACTs; (2) expand activities on rational use<sup>1</sup> of antimalarials and ACTs with a focus on training at national and district level as well as public education; and (3) ensure the functioning of systems for the appropriate monitoring of ITN and ACT procurement, distribution, inventory management and use.

**Meet individually with Ministry of Health stakeholders to validate plans for strengthening the MOH distribution system for medicines and supplies**

Between July 31 and August 3, 2006, RPM Plus held discussions with stakeholders constituting the Task Force on Drug Procurement including the NMCP, Pharmacy Section of MOH, National Drug Authority, National Medical Stores, Joint Medical Stores, Planning Department of MOH, and WHO/Uganda to ensure the establishment of the Malaria Supply Chain Management Committee. The date August 17, 2006 was set for the maiden meeting of committee (*see Annex 1 for meeting minutes*).

**Meet with partner stakeholders working on implementation of the Ugandan ITN strategy**

Discussions were held with the Connie Balayo of the NMCP and WHO to achieve planning for ITN procurement and distribution with the aim of attaining program targets.

**Provide an arrival briefing and/or departure debriefing to USAID**

Brief exchanges to discuss progress and year 2 plans were held between Gladys Tetteh and Saul Kidde of RPM Plus with the USAID PMI focal point, Gunawardena Dissanayake as well as Dr. Jessica Kafuko and Annie Kabogozza of USAID/Uganda. RPM Plus will continue to provide efficient support as well as updates to PMI through year 2 activity implementation.

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<sup>1</sup> The growing concern of the rational use of insecticides is an area that also needs to be addressed within future SOWs.

## **Collaborators and Partners**

National Malaria Control Program (NMCP)	WHO/AFRO
National Medical Stores (NMS)	WHO/ICP
Joint Medical Stores (JMS)	USP/DQI
Drug Regulatory Authority (DRA)	RTI/IVM
JSI/UPHOLD	MEMS
JHU/CCP-AFFORD	CDC
JHU/CCP-HCP	Malaria Consortium
	NetMark

## **NEXT STEPS**

### **Immediate Follow-up Activities**

- RPM Plus sustained coordination and discussion with the MOH
- Continued RPM Plus activity implementation and activity reporting to USAID

## **ANNEX 1. MINUTES OF 1<sup>ST</sup> MALARIA SUPPLY CHAIN MANAGEMENT COMMITTEE MEETING**

**Minutes of the Malaria Supplies Chain Management Committee meeting held in NMS on August 17<sup>th</sup> 2006.**

### **Members Present:**

- |                              |  |
|------------------------------|--|
| 1. Dr. Fred Kato             | SMO/NMCP/MOH/ Chairman                             |
| 2. Daka Peter                | MIS Officer, NMS                                   |
| 3. Benjamin Oryema           | Procurement Officer, NMS                           |
| 4. Val Remedios              | TA-NMS   |
| 5. Kyeyune Jonah             | Transport and Logistics Officer, NMS               |
| 6. Bannet Ndyabangi          | MSH/ RPM Plus                                      |
| 7. Dr. Kkonde Anthony        | Malaria Focal Person Mukono District               |
| 8. Andrew C. Nsubuga         | Manager Operations, JMS                            |
| 9. Peter Emong Ojulung       | Senior Accountant Revenue, NMS                     |
| 10. Jennifer Luande          | Sales and Marketing Officer                        |
| 11. David Bagonza            | Head of Sales, Marketing and Operations,<br>NMS    |
| 12. Annie Kaboggoza-Musoke   | PMS/USAID/U  |
| 13. Peter Mbabazi Kwehangona | Senior Admin/RBM CPA, NMCP                         |
| 14. Saul Kidde               | Senior Technical Advisor/MSH/RPM<br>Plus/Secretary |

### **Agenda:**

1. Communication from the Chair
2. Consideration on the Terms of Reference for the committee
3. Discussion on the Work plan
4. Emergence distribution of anti-malaria drugs
5. Update on status of distribution of ACTs by NMS. JMS and district representative.
6. AOB

### **Minute 1/1/2006      Communication from the Chair**

The chairman informed the meeting that the committee was set up to address constraints related to quantification, procurement, storage, distribution and use of Malaria medicines. He highlighted that there was a general outcry of inadequate supplies of malaria medicines because of the mismatch between demand and supply of ACTs.

**Minute 2/1/2006    Consideration on the Terms of Reference (TOR) for the committee**

The TOR were considered and adopted with amendments. It was agreed that:

1. Experiences of Kenya and Tanzania be adapted to suite the Ugandan case
2. Within the TOR there is consideration of a strategy to subsidize ACTs for the Private for Profit (PFP) sector probably with global intervention to reduce prices.
3. TOR number 8 to be rephrased to make it clearer and explicitly indicate the declassification of ACTs to over the counter medicines.
4. Merge related TORs by Saul Kidde and Jennifer Luande
5. TOR number 7 to include developing strategies for PFP subsidies in accessing ACTs.
6. Include among committee members; a representative of NDA, Health development Partners (HDP), and Malaria Senior administrator or the M&E person.
7. Group TOR based on RPM Plus's drug management cycle
8. Circulate the TOR before the next meeting

**Minute 3/1/2006    Discussion on the Work plan**

It was agreed the work plan would be developed with timelines responsibility allocation for each area and budget to ease the work so that outputs are achieved in the shortest time possible. A draft will be developed by Saul and Jennifer in consultation with NMCP. Priority areas will be identified which will be reviewed and agreed upon in the next meeting. The meeting chose Saul as the person to coordinate the activities of the committee.

A sub-committee composed of RPM Plus, JMS, NMS-Jennifer, NMCP- Dr. Kato, and Pharmacy section MOH- Mr. Khalid was set up to address the current operational constraints in the availability of Coartem<sup>®</sup>. This committee will be coordinated by Jennifer.

**Minute 4/1/2006    Emergency distribution of anti-malaria drugs**

The meeting was informed that MSH/ RPM Plus was support NMS with extra labor and physical transport to distribute two cycles of ACTs country wide up to health sub-district level. This will be processed along with credit line orders to ensure that stocks are available at health facility level within the next two weeks beginning the week starting August 21<sup>st</sup> 2006. All orders have been prepared and will be ready for shipment early the following week. NMS requested the transportation to be provided by MSH should be 13 8 ton Lorries but dispatching four at a time due to logistical constraints.

**Minute 5/1/2006    Update on status of distribution of ACTs by NMS. JMS and district representative**

**National Medical Stores:**

NMS management and the board visited 8 districts sampled throughout the country. The findings indicated that most health facilities had received Coartem<sup>®</sup> for the first two monthly cycles that was consolidated, however, some had not received in the second cycle because it was pushed based on those who had requisitioned credit line items. It was noted that districts in the North were well covered except West Nile. The disruption in the deliveries that occurred between January to March 2006 had led to NMS' 8 weeks backlog which required some interventions to bridge the gap. NMS has changed distribution strategy from one region at a time to all regions at the same time but maintaining the same 2 month cycle which effectively reduces the lead time to reach all regions but maintains the same lead time to individual health units. They expressed challenges in the integration of Coartem<sup>®</sup> into the credit line system because of its bulk and lack of experience by facilities to pull it. The volume of work on credit line items had also double from 70 items when it started to 150 items per order currently. NMS was still pushing Coartem<sup>®</sup> because the health facilities were unable to realistically pull it but all facilities will receive Coartem<sup>®</sup> in the current emergency distribution.

NMS is intending to revise the handling fees to ensure that they break even given the magnitude of their operations.

**Joint Medical Store:**

JMS indicated that most of the issues had been covered by NMS. Coartem<sup>®</sup> was being distributed as push item because there were not enough quantities to pull although for facilities that were not collecting their supplies in time, orders were reversed and reallocated. JMS was to use ceiling as agreed with MOH for the third cycle. Some units were not on the list of beneficiaries on the allocation list but will send the list to MOH for endorsement so that they can start receiving. Order forms had run out and now credit line forms were being used for the health facility orders.

**District representative:**

In Mukono district it was noted the demand had surpassed supply because of increase in cases given the fact that the first consignment was received during the rainy season and the subsequent consignment took long to be delivered by NMS. There was hope that the situation would improve as the rainy season ends. He expressed the need for the committee to consider a pull strategy for the units if demand is to match supply. He also noted that there was a problem of receiving orders from the Health units for consolidation at the district leading to delays in submission to NMS and as such sometime the districts were forced to estimate requirements for the units. He affirmed that there were stock outs in some units and requested NMCP to work with them to streamline the management of Malaria. He expressed the need to base allocation on prevalence rather than making uniform allocations and that consideration should be done to avail Coartem<sup>®</sup> to the schools where most of the vulnerable populations were.

**Minute 5/1/2006    AOB**

NMS was congratulated in being proactive by going to districts to establish problems related to their services. RPM Plus was also commended in spearheading the formation of the committee and in ensuring that it meets on schedule. It was emphasized that the committee should ensure that forecasting problem for Coartem<sup>®</sup> need should be given special consideration and that the committee should consider soliciting technical assistance to ensure it is done well. The sub-committee for the current operational problems should map ways of improving coordination between the MOH departments concerned with Malaria supply chain, NMS and JMS.

The DDHS should include in their requisitions quantities to be supplied to schools in as long as the schools are supplying them free of charge to beneficiaries.

There being no other business the meeting ended at 1.30 p.m. The next meeting set for September 1<sup>st</sup> 2006 at 10.00 a.m. in NMS.

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Chairman

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Secretary